LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV
MEETING MINUTES
January 12, 2006

MEMBERS PRESENT	MEMBERS PRESENT *(cont.)*	PUBLIC	HIV/EPI AND OAPP STAFF *(cont.)*
Al Ballesteros, *Co-Chair*	Wendy Schwartz	Cinderella Barrios-Cernik	Michael Green
Nettie DeAugustine, *Co- Chair*	Andrew Signey	Mena Gorke	Terina Keresoma
Ruben Acosta	Jonathan Stockton	Mario Guerrero	True Ann Pawluk
Carla Bailey/Kevin Lewis	Kathy Watt	John Kirby	Mario Pérez
Anthony Braswell	Jocelyn Woodward	Maxine Liggins	David Pierbone
Carrie Broadus	Fariba Younai	Louis Lopez	Jacqueline Rurangirwa
Robert Butler/Gary Vrooman		Peter Mackler	William Strain
Mario Chavez	**MEMBERS ABSENT**	Michael O'Conner	Gloria Traylor-Young
Alicia Crews-Rhoden/ Precious Jackson		Jane Price-Wallace	Diana Vasquez
	Adrian Aguilar	Natalie Sanchez	Vicki Watson
Whitney Engeran	Daisy Aguirre	Kaycee Sara	Lanet Williams
Douglas Frye	Charles Carter	David Schulman	Amy Wohl
William Fuentes	Hugo Farias	James Smith	Juhua Wu
David Giugni	Elizabeth Gomez	Tony Wafford	
Terry Goddard	Quentin O'Brien	Walter Ward	**COMMISSION STAFF/ CONSULTANTS**
Jeffrey Goodman	Gloria Pérez	Vanessa Watlay	
John Griggs	James Skinner	Jan Wise	Mario Almanza
Richard Hamilton	Ron Snyder	Patricia Woody	Virginia Bonila
Marcy Kaplan	Peg Taylor		Gary Garcia
Jan King		**HIV/EPI AND OAPP STAFF**	Marc Haupert
Brad Land/Dean Page			Jane Nachazel
Anna Long		Chi-Wai Au	Glenda Pinney
Davyd McCoy		Kyle Baker	Elizabeth Ramos
Susan McGinnis		Jan Blume	Doris Reed
Ruel Nolledo		Gordon Bunch	James Stewart
Everardo Orozco		Patty Gibson	Craig Vincent-Jones
Angelica Palmeros		Rochelle Goff	Nicole Werner

I. CALL TO ORDER: Ms. DeAugustine called the meeting to order at 9:20 am.
A. Roll Call: Mr. Vincent-Jones called the role and confirmed quorum.

II. APPROVAL OF AGENDA: Ms. DeAugustine noted the Parliamentarian's recommendation that elections be moved to the agenda end so new co-chairs could run their first meeting at the Executive Committee rather than at the Commission. Ms. Broadus felt there was no reason to change what had been promised at last month's meeting. She added that a later motion on the agenda—approving the officer duty statements—sets a one-year Commission experience requirement for co-chairs, which had not previously been required of candidates. Mr. Vincent-Jones replied that the officer duty statement motion had been revised to reflect an effective date after the Commission meeting. Mr. Stewart clarified that elections and taking office are two separate functions: elections could be held at the beginning of the meeting and the offices assumed later. It was suggested that elections be held early in the meeting. Mr. Engeran noted that some people who were late to the meeting would miss the elections, originally agendized at the end of the meeting.
MOTION #1: Approve the agenda order, with amended order reflecting the co-chair elections to follow Public Comment ***(Passed by Consensus)***.

III. APPROVAL OF MEETING MINUTES:
A. December 8, 2006: The minutes were approved with two corrections:
- Page 5, XIII, E, OAPP Report, Counseling and Testing: Mr. Pérez said there were two different figures provided in the report: 1) the proportion who test HIV+ among all women being tested, 2) the proportion of women who test HIV+ who have no identified risk for HIV. The 40-66% reflects the second group.
- Page 7, XVI, A, last bullet: Mr. Goodman corrected the statement to note that for someone at 151% of FPL it is difficult to make choices among housing, medical costs and food.

MOTION #2: Approve the minutes from the December 8, 2005 Commission on HIV meeting with corrections as noted ***(Passed by Consensus)***.

IV. PARLIAMENTARY TRAINING: Mr. Stewart reminded everyone that:
A. Comprehensive Parliamentary Training: There will be a parliamentary training for all Commissioners after the meeting. The training will cover procedures, the Brown Act and conflict of interest.
B. Co-Chairs/Leadership Training: On February 27, 2006, following the Executive Committee meeting, there will be a special training for the Commission and Committee Co-Chairs.

V. PUBLIC COMMENT, NON-AGENDIZED:
- Ms. Sanchez read a letter from the San Fernando Valley AIDS Consortium in SPA 2 reflecting their support of Mr. Land's nomination for Commission Co-Chair. Mr. Vincent-Jones noted the letter had been received in the office the day before and, lacking a formal procedure, the Consortium was advised they could bring it to Public Comment, if they so desired. He clarified that only the actual Commission seat holders from SPA 2 have Commission votes.
- Peter Mackler, past Public Policy Committee Co-Chair, said he wanted to personally thank Ms. DeAugustine and Mr. Ballesteros for their work. He said he got his start in public policy issues through the Commission and praised its importance and the Co-Chairs' contributions to it.

VI. COMMISSION COMMENT, NON-AGENDIZED:
- Ms. DeAugustine welcomed Jan King, M.D., Medical Director , OAPP, as the new Commissioner holding the Title II seat.
- Mr. Hamilton reported that February 7th is National Black HIV/AIDS Awareness Day. There will be a human billboard on Crenshaw Boulevard between 43rd Street and 43rd Place. About 150 people are expected. In Los Angeles, awareness activities are extended for the fifth year through the National Black HIV/AIDS Awareness Day Coalition of Los Angeles, beginning with participation in the Martin Luther King Day Parade, Monday, January 16th. HIV testing will be available at the end of the parade, Crenshaw Boulevard and Vernon in Leimert Park. A calendar of the numerous February activities would be posted on the website.
- Mr. Land thanked the San Fernando Consortium for their support. He also acknowledged the Antelope Valley and San Gabriel Valleys representatives. He added that it was a privilege to serve.

VII. PUBLIC/COMMISSION COMMENT FOLLOW-UP:
A. Proposed YR 16 Contract Reductions: Mr. Vincent-Jones reported no new information on this matter.

VIII. EXECUTIVE DIRECTOR'S REPORT:

- Mr. Vincent-Jones offered his thanks and congratulations to Mr. Ballesteros and Ms. DeAugustine for their extraordinary leadership, commitment, compassion and wisdom in moving the Commission forward over these past years. In many ways, he noted, they have been the founding co-chairs of the new Commission.
- Mr. Vincent-Jones recognized Mr. Garcia for his outstanding work, and noted that he would be transitioning to a new position at OAPP as of January 19th. He will be taking a research position with the SPNS initiatives under Michael Green in the Planning and Research Division. The vibrant standards of care development process has required, he went on, good key people, one of whom was Mr. Garcia, who coordinated it from the beginning. Ms. Reed, who is assuming responsibility for this process, will benefit by the process groundwork developed by Mr. Garcia.

IX. PREVENTION PLANNING COMMITTEE REPORT: There was no report.

- Mr. Giugni reported there were two presentations: 1) the CRAS survey with data trends; 2) Rosemary Veniegas gave a summary of the 24 presentations on prevention work being developed. Ms. Watt said these presentations help the PPC remain at the cutting edge of prevention work.
- Mr. Giugni reported that Ms. Watt was elected PPC Co-Chair.
- Following the main meeting, the group broke into subcommittees to review their work in preparation fro the PPC Annual Meeting on January 19-20, 2006. Ms. Watt invited Ms. Bailey and Mr. Braswell to attend all or part of the meeting. It will be at the Hyatt in West Hollywood. Others who are interested are also welcome and only need advise her so arrangements can be made. A facilitator will assist the PPC to focus on what works in prevention, as well as needs and priorities.

X. TASK FORCE REPORTS:

A. Commission Task Forces: There was no report.

B. Community Task Forces: There were no comments.

XI. STATE OFFICE OF AIDS REPORT: There was no report.

XII. HIV EPIDEMIOLOGY PROGRAM REPORT: Dr. Frye summarized Los Angeles County data through December 31, 2005. Cumulative HIV/AIDS cases stand at 50,373. Currently there are 20,558 persons living with AIDS. To date, 14,906 non-AIDS HIV cases have been reported, with 11,000 laboratory notifications awaiting investigation. Over the last three years, 1,500 to 1,900 new diagnoses have been made per year. If and when HIV name-based reporting is passed, the HIV Epidemiology Program will work with the State to ensure the quickest, most accurate and most complete reporting by name possible. He thanked the Commission for its support in improving reporting.

A. Universitywide AIDS Research Program Study: Dr. Wohl presented a PowerPoint on the "Impact of Social Support Networks on Engagement in HIV Care among Publicly Insured Latinos and African-Americans in Los Angeles County".

- While managing HIV disease requires managing medical appointments, medications and other life-impacting behaviors, the role of social support networks on engagement in the process has not received significant study. This study explores relationships between family, friends and other social support networks and people entering and remaining in care.
- The first phase of interviews, through 2006, is designed to be qualitative and inform the quantitative phase to follow.
- Questions are designed to explore how relationships with different social groups affect the person's engagement in care. For example, are some social relationships more helpful than others in providing encouragement, practical support like transportation, information or, conversely, discouragement from stigma.
- A qualitative data analysis program called Atlas will help code the data into thematic categories for use as potential content areas in the quantitative survey.
- The quantitative phase will include a cross-sectional study of approximately 700 participants with one interview combined with medical record abstraction.
- The primary outcome measure is the number of clinic visits.
- The secondary outcome measures are ER visits and hospitalizations.
- A better understanding of the attributes of social support networks that are supportive of engagement in care can lead to identifying more effective intervention strategies to support clients in care. For example, interventions might be developed which more effectively activate a person's social support networks to support him/her in care.
- Ms. Watt asked if participants would be interviewed about prevention messages received, and about whether drugs or alcohol play a role in how well they engage in care. Dr. Wohl said data would be collected on drug and alcohol abuse, which were being viewed as possible mediators. Questions about prevention fall under providers network support.

- Ms. Broadus asked about more detailed health information. Dr. Wohl said some would be collected, but this study follows the DAART study which showed health improves when people stay in care. This study's focus is to elicit means of supporting people to, in fact, stay in care. Ms. Wohl noted that in the first study, some 15% to 20% of patients were lost to the clinic over six months.
- Mr. Lewis asked why no heterosexual men were studied. Dr. Wohl responded the target population was limited by funding and was chosen to represent the highest risk populations and populations that are a strong percentage of clients at the clinics being studied. It is hoped that MSM/W data will be captured in the quantitative phase of the study.
- Mr. Land noted that stress levels in outlying areas like the Antelope valley can be higher than elsewhere. Dr. Wohl noted that the study is clinic-based, so outlying areas would be represented only by people traveling to the clinic.
- Mr. McCoy followed Mr. Land's remarks by noting that Latino and African-Americans in the San Fernando Valley are different culturally. Dr. Wohl said it is primarily a logistical issue since the clinics chosen were those with sufficient numbers for a cost effective study.
- Mr. McCoy asked what ethnic differences were being sought. Dr. Wohl said the study hoped to characterize such things as whether church-based support or family support is different between Latinos/as and African-Americans.
- Mr. Page asked about heterosexual studies. Dr. Wohl said the NBS High-Risk Heterosexual Study is being addressed now. She added that she worked on a study of heterosexually-identified African-American men a couple years ago.
- Dr. Long asked if zip codes would be collected in the quantitative study and if participants will be asked about heterosexual contacts. Dr. Wohl replied that data on both will be collected. She added that the quantitative study is still being developed, so areas of interest can still be added.

XIII. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez thanked Ms. DeAugustine and Mr. Ballesteros for their years of service. OAPP looks forward, he continued, to strengthening their relationship with the Commission even further.
- Reporting back from AIDS Action meeting in Washington, DC, OAPP has been involved in the development of their position paper—in particular in regards to the importance of supporting systems of care. A legislative work group was formed to develop a new draft. The group is made up of: AIDS Action, the CAEAR Coalition, AIDS Alliance for Children, Youth and Families, NMAC, and NAPWA. Their draft language essentially keeps things status quo, generally good for California. Part of the proposal would defer HIV names-based reporting until FY 2009, which would ease transition to the system. Meanwhile, OAPP would want the CDC to rely on actual AIDS cases.
- Meanwhile multiple Congressional offices have been working on drafting a bill. The thinking is that it will eventually come forward as a bipartisan, bicameral, pre-conference bill. If so, it could move very quickly once introduced.
- The Senate HELP Committee and the House Energy and Commerce Committee will be holding a hearing on January 19th. These committees will be the first to address the legislation. The community is invited to weigh in. OAPP will not be attending, though organizations with which OAPP has been in extensive discussions will be sending representatives.
- The Labor, Health and Human Services (HHS) spending bill for FY 2005 has been released. The Title I investment is $610M. There is a 1% recision for all services across the board excepting Defense and Homeland Security. That is $6.1M for Title I.
- The State Office of AIDS is visiting OAPP today. The liaison between the California STD Office and the Office of AIDS will discuss the California Disclosure Assistance Program (CDAP), formerly called PCRS. There is a lot of statewide interest, so they are reviewing how LAC implements it.
- OAPP, HIV Epidemiology and the STD program are hosting CDC later in the month. The CDC wants to look at how LAC has transitioned with PCRS over the years, how the Project 3 prevention program is changing, and how LAC provides partner notification services to enhance early diagnosis.
- NASTAD and CDC are sponsoring a nationwide three-day discussion with AIDS directors in Atlanta on the national prevention response. Dr. Green and Mr. Pérez will represent OAPP. They will first meet with the PPC to gather community input.
- There has been a rise of false positives at some sites using rapid testing. There are two types of rapid tests, one oral and one needle stick. A document is being prepared by OAPP and HIV Epidemiology to clarify terms. There have been some higher false positives at sites using oral testing. The CDC is investigating the situation. In LAC overall, results for oral testing have been consistent with manufacturers' previously reported expectations of about 99.6% specificity. Across the state, except in San Francisco, test specificity and sensitivity has also been consistent with manufacturers' expectations.
- OAPP is reviewing quality assurance and offering technical assistance to providers to ensure tests are consistent with manufacturers' guidelines. Once the review is complete, OAPP will be meeting with all local counseling and testing providers and anyone providing oral HIV testing locally to offer recommendations.

- Ms. DeAugustine said Long Beach, with some 12,000 tests a year, has done well with oral testing. She said she appreciated that the State has put out a letter supporting the test; Long Beach had requested the letter. Mr. Hamilton said his clinic received many panicked calls when news of the false positives was reported. He affirmed the importance of addressing those concerns in order to encourage testing. He suggested more public relations through the media concerning the issue. It was agreed to look at possible public responses.
- Ms. Broadus asked for an update regarding a previous report that many Latinas and African American women were not falling into the identified risk groups. She said OAPP was working with the state on the subject. Mr. Pérez said OAPP would be meeting shortly with Kevin Farrell, from the State, on it to talk about counseling and testing issues statewide. He said OAPP was advocating for the state to review its fee-for-service structure differentiation between low- and high-risk testers. Looking at who local providers are testing, a woman with no identifiable risk who tests positive obviously has some risk. He noted that a lot of women are testing with a low percentage testing positive. But of those who are testing positive, the profile shows no major risk except sex with a male. Other factors may help to identify risk in discrete populations, for example, who is testing positive in specific communities with a high disease burden. Ms. Broadus suggested looking at married women as well. Mr. Pérez said OAPP does set provider standards on proportions of high- and low-risk testing. The Behavioral Risk Group model has been successful. The goal is to modify the fee structure to take into account these discrete populations.
- Some jurisdictions are having a particularly difficult time implementing Medicare Part D, notably New York. Dr. King said OAPP, in collaboration with APLA and the Gay and Lesbian Center, has been sponsoring Medicare Part D trainings. The first December training was cancelled due to lack of interest. Three and twelve people attended two trainings in December. Another is scheduled for January 18, 2006 at OAPP, with more planned. Two surveys, one of pharmacists and one of medical providers, are planned to assess problems.

A. Year 16 Title I Application: Dr. Green provided a PowerPoint presentation on the Title I application. He noted that this is similar to the presentation at the Annual Meeting, which focused on the implementation plan. This is a broader presentation which describes the Title I application process for Year 16.

- The application is limited to 50 pages, with the guidance usually released about 60 days before the application is due.
- It is hoped that the award announcement will be received by the end of February, although it is possible that only a partial award announcement will be released then with the remainder in March. That has occurred before and depends on when Congress completes its work.
- HRSA expects the four HRSA principles to be reflected throughout the application: reduce barriers to care, reduce health disparities, improve quality of care, and strengthen public health and health care access.
- Dr. Green stated that, the application having scored so well last year, an effort was made to retain much of the response to those sections of the application that did not change this year.
- This year, the application, by itself, is worth 100 points. Previously it was worth 85, with the remaining 15 points being associated with Conditions of Award (COA), i.e., various reports required during and following the grant year. HRSA has mentioned in a couple of conference calls that "special consideration" may be made to EMAs that comply with the COAs but, despite requesting clarification of that three times to date, "special considerations" and/or their effect on the award have not been defined by HRSA.
- While the Quality Management (QM) section is not new, re-emphasis has been placed on describing QM activities.
- A new section requires description of the Commission's plan for funding fluctuations. Dr. Green felt Los Angeles County (LAC) was well ahead of most health jurisdictions in the country, because the Commission specifically addresses this matter in its Priority- and Allocation-Setting Process. Most planning councils do not reflect on funding fluctuation contingencies until they actually receive their award.
- The FY 2006 plan should reflect the federal Healthy People 2010 Goals.
- The point breakdown has remained the same from Year 15 to Year 16 except that the 15 points removed from COAs have been applied in toto to the Grantee Administration/Accountability category. This raises the importance of that category from 5 points to 20 and allows the opportunity to detail how funds are administered, including both internal and provider accountability requirements.
- The total application request is nearly $50M, with somewhat over $40M for direct services. Dr. Green noted that the request will always be higher than the expected award. This request is about the same as last year's request.
- The guidance permits the grantee to request up to 5% for administration and up to 5% or $3M for QM. Those are the only two allocation decisions at the discretion of the grantee, with the rest determined by the Commission.
- Maintenance of Effort (MOE) is a statutory requirement requiring significant documentation. Many EMAs choose not to contribute to their Title I programs because the level of MOE must be maintained from one year to the next and some EMAs cannot guarantee that. LAC provides nearly $16 million.

- In evaluating Severe Need", a section worth 33 points, LAC receives CDC-modeled prevalence data, as well as local HARS, AIDS incidence and AIDS prevalence data. Data is factored into a table and used to estimate total cases, including those that are as yet undetected. The total estimated is 60,500 including both HIV and AIDS.
- The Severe Need section details challenges in reaching and caring for underserved populations. The complexity of the epidemic in LAC is emphasized, highlighting trends like the increased Latino community impact, and disproportionately impacted communities such as African-Americans, gay/bisexual Men, MSM of color, those aged 20-44 and the transgendered community. The distribution of clients is reviewed by gender, age, race/ethnicity and SPA. Co-morbidity conditions, like STDs and TB, as well as conditions increasing the cost and complexity of care--like poverty and lack of insurance--are examined.
- The size and diversity of LAC in population and geography make the epidemic more complex than in other jurisdictions.
- The application requires a selection of no more than six populations that best demonstrate the complexity of providing care. While difficult to select only six, the Year 15 section was considered so well done that it has been used by HRSA in training other EMAs. The six populations chosen are: MSM, substance users, homeless, Latinos/as, women (13-49) and youth (13-24). The populations can overlap and that is discussed in the application.
- LAC has Unique Service Delivery Challenges. The County is larger in size and population than some states. The system of care is, and needs to be, complex in order to reach the diverse population with over 1,000 points of care entry.
- The Implementation Plan is designed to: increase access, ensure parity of care, reduce disparities and include time-limited and measurable objectives.
- Previously, the application required a Table 10 that described all services provided, along with numbers of clients and units of service. Now the application limits services described to six, either the six core services described by HRSA or the top six allocated services for the EMA. LAC chose the latter option: primary medical care, mental health, oral health, case management, substance abuse treatment and housing assistance.
- These six services are then explored more fully in regards to special population, Geographic Estimate of Need (GEN), adherence and retention of clients, consistency with Healthy People 2010 and the Allocation of Funds for Services to Women, Infants, Children and Youth (WICY).
- Grantee Administration and Accountability includes program organization, fiscal/program monitoring, third-party reimbursement, response to the Assessment of the Administrative Mechanism (AAM) and use of cost in evaluating services.
- QM is described fully regarding staffing/oversight, program indicators, performance measures, medical providers benchmark assessment, collaboration with the Commission and the Continual Quality Improvement (CQI) process.
- The Continuum of Care is described as the Commission has developed it, including its non-hierarchical and integrated nature, with client-focused, culturally sensitive care.
- Impact of Title I funds is described, including its relationship to other public funding and funding from other sources.
- A Letter of Assurance from the Planning Council (Commission) Co-Chairs is required to affirm that the description of the implementation of services and the Priority- and Allocations-Setting Process (P-and-A) is accurate.
- The Commission itself is responsible for describing the P-and-A, including its process, involvement of PLWH/A and use of data to establish priorities, increase access, reduce disparities and prepare for contingencies.
- The Commission must also demonstrate compatibility with the Statewide Coordinated Statement of Need (SCSN) and describe the process and progress associated with the AAM.
- HRSA also requires addressing the Unmet Need framework (7 points). HRSA has also extracted this section of last year's application and has been using it to train other grantees. HRSA defines "unmet need" as people who know they are HIV+, but have been out of care for the last twelve months. ("In care" is defined as having a viral load test, a CD-4 cell count or ant-retroviral therapy.) It is estimated that for every known AIDS case, there are in fact 1.2 AIDS cases.
- Dr. Green thanked Ms. Wu for all her work n the presentation.
- Ms. Broadus asked if special needs risks are prioritized. Dr. Green replied they are all taken into account.
- Ms. Broadus said the system of care has been developed to be non-hierarchical, but counseling and testing is very hierarchical, so there appears to be a disconnect between the two. Dr. Green noted that the application does not address linkages of prevention strategies like counseling and testing with the Continuum of Care. He said the Commission itself would need to frame any concern about such a disconnect between care and prevention in the Continuum of Care.

XIV. **STANDING COMMITTEE REPORTS**: In response to several questions, it was noted that efforts to disseminate standards to the community continue to be enhanced. They are placed on the website within days of Commission action and an email notification list is under development. Commissioners are also expected to take information back to their respective communities. Dr. Younai reminded everyone to keep in mind that it does take time for standards to be incorporated into contracts.

A. Standards of Care (SOC) Committee: Mr. Braswell and Dr. Younai provided PowerPoint presentations on the standards of care as follows:

1. ***Legal Services Standards of Care:*** Mr. Braswell noted the community feedback on Legal Services was centered around HIPAA-related questions. County Counsel has reviewed the material and confirmed that legal services providers are not considered "covered entities" by HIPAA and thus have different, but equally stringent, compliance requirements.
   - Language was added specifying that all applicable legal mandates that are relevant to client privacy confidentiality protection including, but not limited to, HIPAA apply.
   - David Schulman, City of Los Angeles AIDS Discrimination Unit, noted that 20 years ago he became the first government AIDS lawyer. He participated on the Legal Services and Permanency Planning expert panels. He went on to say that these are the first standards in the United States to understand that preventing discrimination helps slow the epidemic and encourages people to come forward to be tested.
   - Mr. Schulman reported that the American Bar Association has already looked at an earlier version of the Legal Services Standards of Care. He is confident they are about to put it on their website, with proper credit, as a model standard for HIV legal services across the country. He presented it at their meeting in November and reported no one had seen anything like it. He honored and thanked the Commission for pioneering the understanding that health and human rights fit together, because both are about the same thing.
   - He also thanked the Commission on behalf of Rocky Delgadillo, City Attorney, and Antonio Villaraigosa, Mayor.

   MOTION #3: Adopt the Legal Services Standards of Care, as revised and presented **(*Passed by Consensus)***.
2. ***Permanency Planning Standards of Care***: Mr. Braswell noted the changes made to Legal Services were also incorporated into Permanency Planning, although there was no specific community feedback on this particular standard.
   MOTION #4: Adopt the Permanency Planning Standards of Care, as revised and presented ***(Passed by Consensus)***.
3. ***Medical Outpatient Standards of Care:*** Dr. Younai noted most comments received were on nutritional care, screening and education and counseling, all of which have been acknowledged as significant aspects of the category.
   - Outcomes were expanded to include a nutritional screening within six months of entry into care for all at-risk clients.
   - Nutritional screening was added as a service unit.
   - Linkage was ensured between nutritional sections of these standards and the Nutrition Standards of Care.

   MOTION #5: Adopt the Medical Outpatient Standards of Care, as revised and presented ***(Passed by Consensus)***.
4. ***Medical Specialty Standards of Care***: Dr. Younai said most comments pertained to grammar. There were no substantive changes.
   MOTION #6: Adopt the Medical Specialty Standards of Care, as revised and presented ***(Passed by Consensus)***.
5. ***Residential, Transitional Standards of Care:*** Mr. Braswell presented a PowerPoint on the first of two standards being brought forward for a public comment period ending February 1, 2006.
   - Mr. Braswell noted that the expert panel found these services a significant incentive for people to come into care.
   - General transitional housing and emergency housing have similar components, except that the former includes Program Records.
   - Adult Residential Facilities (ARF) and Residential Care Facilities for the Chronically Ill (RCFCI) also have similar components, except the latter includes contagious and infectious disease management and supportive services.
   - Staffing is similar for all areas, except that ARF has both care and food staff while RCFCI staff must include a Registered Nurse Case Manager.
   - Ms. Broadus asked if the Committee considered the facility occupancy rate over a period of time, for example, a year, as an outcome measure. Mr. Braswell said the focus was on patient outcomes, rather than facility outcomes. He noted she could raise the subject for the next iteration of the standards. Mr. Vincent-Jones added that the Residential, Permanent Standards of Care have six- and twelve-month outcome measures which allude to the occupancy rate issue.
   - Ms. Broadus asked if HIV prevention was discussed as part of supportive services. Mr. Braswell responded that the expert panel did discuss the subject. They felt it was appropriately addressed under case management and the training under peer support, though facilities can always enhance services if desired. Dr. Younai noted that components with their own standards are not normally spelled out in other standards, though supportive services are described in more detail in the Residential, Permanent Standards of Care. Mr. Vincent-Jones added that HIV prevention is addressed specifically in the supportive services of RCFCI and that the Counseling and Testing Standards of Care would also address it. Mr. Braswell added that, once all the individual standards are completed, the master document overview can speak to unifying themes like the importance of prevention across the spectrum of care.

6. ***Residential Permanent Standards of Care:*** Dr. Younai presented a PowerPoint on the second of two standards being brought forward for a public comment period ending February 1, 2006.
   - She again noted that housing is a strong incentive for care.
   - Staffing requirements for permanent housing with supportive services and scattered site master leasing are similar, but focussed on the varied client needs. Permanent housing requires both a Director and a Coordinator of Resident Services. Scattered site master leasing requires a Master Leasing Coordinator and a Senior Accountant.
   - Mr. Engeran noted that one of the features, particularly of the RCFCI licensure and even with ARF, was their initial designation and design to provide care to people as their condition worsened. Thankfully, he noted, that is no longer as common as it had been previously. He said he would also provide written comments, but wanted to raise it verbally as well, the question of how and when it is appropriate to discuss transitioning out of housing. Oftentimes, once a client is stabilized, especially in RCFCI, the person may no longer be eligible for this service, which is an expensive one. The standards could discuss when and how to transition clients to an appropriate less expensive level of care. Dr. Younai asked if he could provide suggested language.

B. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. ***Standards Implementation Policy:*** Mr. Butler brought forward the policy for approval. It had been released for public comment last month.
   MOTION #7: Approve the Standards Implementation Policy, as revised and presented ***(Passed by Consensus)***.
2. ***Committee Budgeting Policy***: Mr. Butler brought forward the policy for approval. It had been released for public comment last month.
   MOTION #8: Approve the Committee Budgeting Policy, as revised and presented ***(Passed by Consensus)***.
3. ***Officer Duty Statements***: Mr. Butler presented the Commission and Committee Co-Chair Duty Statements for approval. Both were put out for public comment last month. Ms. Broadus asked why term limits were inconsistent. Commission Co-Chairs have them, but Committee Co-Chairs do not. She asked if that was discussed. Mr. Vincent-Jones said previously some Commission seats had term limits and others did not. It was decided to standardize the two-year commitment across all seats. Co-chairs do not have additional term limits. Ms. Broadus noted that staggering the Commission Co-Chairs provides for continuity, but committees would also benefit by staggering co-chair terms. There was consensus that staggering committee co-chair terms would be helpful. While agreeing to vote on the statements as written, it was agreed to request the RD&B Committee develop language to stagger committee co-chair terms.
   MOTION #9: Approve Officer Duty Statements, to take effect after the Commission meeting, as revised and presented ***(Passed by Consensus).***
4. ***Member Duty Statements***: Mr. Butler presented Member Duty Statements for approval. These were also put out for public comment the prior month. The duty statements being brought forward are: Service Provider Network (SPN) Provider Representative, Consumer Advisory Board (CAB) Unaffiliated Consumer Representative, City of Long Beach, City of Los Angeles, City of Pasadena, and City of West Hollywood seats.
   MOTION #10: Approve Member Duty Statements, to take effect after the Commission meeting, as revised and presented. ***(Passed by Consensus)***
5. ***Member Duty Statements***: Mr. Butler reported that additional seat duty statements will be considered at the next RD&B Committee meeting.

C. Priorities and Planning (P&P) Committee:

1. ***Comprehensive Care Plan:*** Ms. Watt and Mr. Land provided a PowerPoint presentation.
   - Ms. Watt noted stakeholder interviews and focus forums are continuing and the key questions continue to be refined.
   - Minor modifications to the Comprehensive Care Plan (CCP) goals, as approved on November 14, 2005, are bolded in the PowerPoint.
   - She emphasized the key to the CCP is to ensure that LAC has services that meet the needs of the places where they located and the needs of the people who live there.
   - Strong service integration maximizes each service dollar, whether HIV specific or not, to improve service delivery.
   - A seamless, high quality prevention, care and treatment service delivery system supports clients' access.
   - QM and Continuous Quality Improvement (CQI) are the newest aspect and critical to future development and collaboration with partners.
   - Cost-efficiency, both through linkages and improved rate studies and unit cost measurement, support the best possible system while recognizing that Title I funds are funding of last resort.
   - Leadership development, both for providers and consumers, supports continual system enhancement.

- Service effectiveness supports system enhancement through incorporating feedback from all possible sources.
- It is always important to be open to information about barriers, whether traditional or evolving, in order to ensure services are reaching those who need them.
- Mr. Land noted the revised CCP covers 2006-2008 and was submitted to HRSA by the January 3, 2006 due date.
- Work continues on the final CCP while implementing the current interim CCP. The needs assessment, goals/objectives and monitoring sections are complete; strategic planning continues.
- In order to submit the CCP to HRSA, some areas were written with the understanding that they will be revised as the process continues. Outcome measures listed in the various areas assume continued service, planning and infrastructure work.
- Ms. Watt called special attention to the importance of pre-/post-incarceration case management to ensure that this population receives appropriate prevention services and does not fall out of care.
- Mr. Land said the first CCP was published, then revised following public comment. Instead, this iteration is being placed out for public comment until April as interviews and focus forums continue. The Ad Hoc Strategic Planning Committee will coalesce comments in May and the revised CCP brought forward for adoption in June 2006.
- Ms. Broadus noted that HRSA has a specific purpose and definition for MAI funds. She asked for clarification on whether the goal of demonstrating direct impact on improved access for people of color and other disenfranchised populations meets those requirements. She asked further how the MAI Subcommittee fits into the process.
- Ms. Broadus also asked who determines the number of clients and units of service, as well as the methodology for identifying them. Mr. Vincent-Jones said this was a public comment process and some areas, like committee assignments for identifying certain matters, have not as yet been determined. Current numbers were garnered by what was achievable in 2005. Ms. Broadus requested more information be provided on the methodology.
- Mr. Vincent-Jones clarified that references to funding reductions really apply to the entire three-year period of the CCP. Even if there is flat funding available all three years, larger populations needing services reduce per capita funding available.

D. Public Policy Committee:

1. ***Name-Based HIV Reporting***: Mr. Engeran called attention to the proposed legislative language in the packet. It is not expected to change significantly. He said there is wide consensus and the Commission has been participating in conversations both on the language and what bill in which it will be placed. He anticipated the bill would move quickly with bipartisan and bicameral support. The bill is likely to be sponsored by Senator Soto, who has been very helpful.
2. ***CARE Act Reauthorization***: No additional information reported.
3. ***Miscellaneous*:** Ms. Schwartz noted that the Labor, Health and Human Services bill detail is in the packet. Governor Schwarzenegger has released his budget with an additional $28M for ADAP. It is hoped that the $5M in prevention will be returned. Overall, it is, has expected, mostly flat funding. There will be additional discussions at the Public Policy Committee meeting.

E. Finance Committee: Mr. Engeran noted that a couple of months ago the Board of Supervisors passed a motion regarding the OAPP budget. He asked if the Commission has received information on revisions made by OAPP. He noted that he is asking because, once the award is announced, there will be various discussions on budgets for all areas, including service categories, and he felt it would be helpful to address the OAPP information now so as not to confuse it with other areas. He recalls that they had identified reductions of $800K to address the projected shortfall. Mr. Vincent-Jones said everything received to date from OAPP has been forwarded to the Commission. OAPP has not finalized any reductions, either for OAPP or the Commission. It was decided in discussions to wait for the Title I award before finalizing any cuts. He added that it was important for everyone to keep in mind the just-passed Conflict of Interest Policy and the need to evaluate when it might be necessary for a Commissioner to recuse him/herself and speak as a member of the public. He will check with County Counsel how to address these issues most appropriately.

F. Ad Hoc Strategic Planning Committee: There was no report.

XVI. CO-CHAIRS' REPORT: Moved to earlier in the agenda.

A. Co-Chair Elections

Mr. Stewart said nominees were allowed two minutes each to express their views. Voting would be by roll call, with a majority needed to elect. If there is no majority on the first round, the person with the fewest votes would be dropped and the matter would be voted again. Each co-chair seat would be voted separately, with the two-year seat voted first, then the one-

year seat. Co-chairs are not limited to one term, but the terms are staggered to foster continuity. Those nominated were: Carla Bailey, Al Ballesteros, Tony Braswell, Alicia Crews-Rhoden, Whitney Engeran, Brad Land, Nettie DeAugustine. Mr. Ballesteros and Ms. DeAugustine declined the nominations, and Mr. Engeran withdrew.
MOTION #11a: Ms. Bailey elected to two-year Commission Co-Chair term by vote of 17, with the following additional votes cast: Mr. Braswell, 6; Mr. Ballesteros, 3; Ms. Crews-Rhoden, 1; Mr. Land, 1.
MOTION #11b: Mr. Braswell elected to one-year Commission Co-Chair term by vote of 19, with the following additional votes cast: Mr. Land, 8; Abstention, 1.

B. Executive Committee At-Large Elections
Mr. Stewart said there are three, one-year, at-large seats on the Executive Committee. Nominees were allowed one minute each to express their views. Voting would be by roll call, with a majority needed to elect. If there is no majority on the first round, the person with the fewest votes would be dropped and the matter will be voted again. Each seat would be voted separately, with all candidates eligible at the start of voting for each seat. Those nominated were: Richard Hamilton (incumbent). Nettie DeAugustine, Charles Carter, Jeffrey Goodman, Alicia Crews-Rhoden, Andrew Signey (incumbent), Al Ballesteros.
MOTION #12a: Ms. DeAugustine elected to one of three one-year, Executive Committee At-Large seats by a vote of 18, with the following additional votes cast: Mr. Hamilton, 4; Mr. Signey, 3; Mr. Ballesteros, 1; Ms. Crews-Rhoden, 1; Mr. Goodman, 1.
MOTION #12b.1: There was no majority in the first of two rounds of voting for the second of three one-year, Executive Committee At-Large seats with the following votes cast: Mr. Hamilton, 13; Mr. Signey, 11; Mr. Ballesteros, 3; Ms. Crews-Rhoden, 1.
MOTION #12b.2: Mr. Hamilton elected in the second of two rounds of voting for the second of three one-year, Executive Committee At-Large seats by a vote of 21, with the following additional votes cast: Mr. Signey, 4; Mr. Ballesteros, 3.
MOTION #12c: Mr. Signey elected to the third of three one-year, Executive Committee At-Large seats by a vote of 19, with the following additional votes cast: Mr. Ballesteros, 6; Ms. Crews-Rhoden, 3.

C. Committee Co-Chair Elections: Ms. DeAugustine reminded everyone that committee co-chairs need to be elected in by February for 2006.

XVII. ANNOUNCEMENTS:
- Ms. DeAugustine and Mr. Ballesteros thanked Commissioners, staff, Mr. Stewart and each other for contributions to the Commission's work. They expressed confidence in continued progress.
- Mr. Vincent-Jones reminded everyone of the Parliamentary Training after the Commission meeting. He encouraged all to stay and noted that lunch was available for those attending.

XVIII. ADJOURNMENT: Ms. Watt requested the meeting be closed in memory of Doug Longshore, longtime researcher on HIV drug and alcohol issues. He passed away a week and a half prior. The meeting was adjourned at 1:15 pm in his memory.
A. Roll Call: End-of-the meeting roll call was not taken.

MOTION AND VOTING SUMMARY		
MOTION #1: Approve the agenda order, excepting that elections are moved up to after Public Comment.	***Passed by Consensus***	**MOTION PASSED**
MOTION #2: Approve the minutes from the December 8, 2005 Commission on HIV Meeting with corrections as noted: • Page 5, XIII, E, OAPP Report, Counseling and Testing: Mr. Pérez said there were two different figures provided in the report: 1) the proportion who test HIV+ among all women being tested, 2) the proportion of women who test HIV+ who have no identified risk for HIV. The 40-66% reflects the second group. • Page 7, XVI, A, last bullet: Mr. Goodman corrected the statement to note that for someone at 151% of FPL it is difficult to make choices among housing, medical costs and food.	***Passed by Consensus***	**MOTION PASSED**
MOTION #3: Adopt the Legal Services Standards of Care, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #4: Adopt the Permanency Planning Standards of Care, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #5: Adopt the Medical Outpatient Standards of Care, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #6: Adopt the Medical Specialty Standards of Care, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #7: Approve the Standards Implementation Policy, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #8: Approve the Committee Budgeting, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #9: Approve the Officer Duty Statements, to take effect following the Commission meeting, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #10: Approve the Member Duty Statements, to take effect following the Commission meeting, as revised and presented.	***Passed by Consensus***	**MOTION PASSED**
MOTION #11a: Ms. Bailey elected to two-year Commission Co-Chair term.	**Bailey**: *Bailey, Braswell, Butler, Chavez, Crews-Rhoden, Engeran, Fuentes, Goodman, Griggs, Hamilton, Kaplan, Land, Long,, Nolledo, Signey, Woodard, Ballesteros* **Braswell**: *Acosta, Giugni, Goddard, King, Younai, DeAugustine* **Ballesteros**: *McGinnis, Palmeros, Schwartz*	**MS. BAILEY ELECTED TO 2-YEAR COMMISSION CO-CHAIR SEAT:** **Bailey - 17** **Braswell – 6** **Ballesteros - 3**

MOTION AND VOTING SUMMARY		
	Crews-Rhoden: *Broadus* **Land**: *Stockton*	**Crews-Rhoden - 1** **Land - 1**
MOTION #11b: Mr. Braswell elected to one-year Commission Co-Chair term.	**Braswell**: *Acosta, Bailey, Broadus, Butler, Crews-Rhoden, Engeran, Giugni, Goddard, Goodman, Hamilton, Kaplan, King, Long, Nolledo, Schwartz, Signey, Younai, Ballesteros, DeAugustine* **Land**: *Chavez, Fuentes, Griggs, Land, McGinnis, Palmeros, Stockton, Woodard* **Abstain**: *Braswell*	**MR. RRASWELL ELECTED TO 1-YEAR COMMISSION CO-CHAIR SEAT:** **Braswell - 19** **Land – 8** **Abstention - 1**
MOTION #12a: Ms. DeAugustine elected to one of three one-year, Executive Committee At-Large seats.	**DeAugustine**: *Acosta, Bailey, Braswell, Butler, Chavez, Engeran, Goddard, Griggs, Kaplan, King, Land, Long, McGinnis, Schwartz, Signey, Woodard, Younai, Ballestero,* **Hamilton**: *Broadus, Giugni, Hamilton, Nolledo,* **Signey**: *Fuentes, Palmeros, Stockton,* **Ballesteros**: *DeAugustine* **Crews-Rhoden**: *Crews-Rhoden* **Goodman**: *Goodman*	**MS. DEAUGUSTINE ELECTED TO FIRST OF THREE 1-YEAR EXECUTIVE COMMITTEE AT-LARGE SEATS:** **DeAugustine – 18** **Hamilton – 4** **Signey – 3** **Ballesteros – 1** **Crews-Rhoden - 1** **Goodman – 1**
MOTION #12b.1: There was no majority in the first of two rounds of voting for the second of three one-year, Executive Committee At-Large seats.	**Hamilton**: *Braswell, Broadus, Butler, Chavez, Giugni, Goddard, Hamilton, Land, Long, McGinnis, Nolledo, Ballesteros, DeAugustine* **Signey**: *Acosta, Bailey, Engeran, Fuentes, Kaplan, King, Palmeros, Schwartz, Signey, Stockton, Woodard* **Ballesteros**: *Goodman, Griggs, Younai* **Crews-Rhoden**: *Crews-Rhoden*	**NO MAJORITY IN FIRST ROUND OF VOTING FOR SECOND OF THREE 1-YEAR EXECUTIVE COMMITTEE AT-LARGE SEATS:** **Hamilton – 13** **Signey – 11** **Ballesteros – 3** **Crews-Rhoden – 1**
MOTION #12b.2: Mr. Hamilton elected in the second of two rounds of voting for the second of three one-year, Executive Committee At-Large seats.	**Hamilton**: *Braswell, Broadus, Butler, Chavez, Crews-Rhoden, Engeran, Giugni, Goddard, Hamilton, Kaplan, King, Land, Long, McGinnis, Nolledo, Palmeros, Schwartz, Signey, Woodard, Ballesteros, DeAugustine* **Signey**: *Acosta, Bailey, Fuentes, Stockton,* **Ballesteros**: *Goodman, Griggs, Younai,*	**MR. HAMILTON ELECTED TO SECOND OF THREE 1-YEAR EXECUTIVE COMMITTEE AT-LARGE SEATS:** **Hamilton – 21** **Signey – 4** **Ballesteros – 3**
MOTION #12-C: Mr. Signey elected to the third of three one-year, Executive Committee At-Large seats.	**Signey**: *Acosta, Bailey, Braswell, Butler, Chavez, Engeran, Fuentes, Goodman, Griggs, Hamilton, Kaplan, King, Land, Palmeros, Schwartz, Signey, Stockton, Woodard, Ballesteros,* **Ballesteros**: *Goddard, Long, McGinnis, Nolledo, Younai, DeAugustine* **Crews-Rhoden**: *Broadus, Crews-Rhoden, Giugni,*	**MR. SIGNEY ELECTED TO THIRD OF THREE 1-YEAR EXECUTIVE COMMITTEE AT-LARGE SEATS:** **Sgney – 19** **Ballesteros – 6** **Crews-Rhoden - 3**